

CATEGORY: CHILD

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
CT	Child - Toddler (<36 Months)	001 900 228(b) 300 425(a)	1 1 1 1 1	Milk - fl/dry/evap – 1 gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
CTI	Child – Toddler (<36 Months), <i>Increased Food</i>	001 002 900 231(b) 300 425(a)	1 1 1 1 1 1	Milk - fl/dry/evap – 1 gal Milk - fl/dry/evap 1 _ gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
CTL	Child – Toddler (<36 Months), <i>Low Lactose</i>	004 901 228(b) 300 425(a)	1 1 1 1 1	Lactose Free Milk/Acidophilus - 1 gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
CTIL	Child – Toddler (<36 Months), <i>Increased Food Low Lactose</i>	004 005 901 231(b) 300 425(a)	1 1 1 1 1 1	Lactose Free Milk/Acidophilus - 1 gal Lactose Free Milk/Acidophilus - 1 _ gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
CTM	Child-Toddler, Milk (<36 months)	001 101 228(b) 300 425(a) 476	3 1 1 1 1 1	Milk -fl/dry/evap –1 gal Cheese - 2 lb block Juice - as selected Cereal - 36 oz Beans - 1 lb dry Eggs - 2 doz
CTML	Child – Toddler, Milk Low Lactose (<36 months)	004 101 228(b) 300 425(a) 476	3 1 1 1 1 1	Lactose Free Milk/Acidophilus - 1 gal Cheese - 2 lb block Juice - as selected Cereal - 36 oz Beans - 1 lb dry Eggs - 2 doz

FOOTNOTES:

- Indicates the food item number for the “default” food or formula.
- Indicates an example juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
- Indicates an example therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

*FMC = Formulas for Medical Conditions. (Formerly called: Therapeutic Formula)

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CTH	Child – Toddler, <i>Homeless</i>	010 100 265(b) 300 402 428	6 2 6 1 1 2	Milk - fl/evap - _ gal Cheese - 1 lb block Juice - bottled, as selected Cereal - 36 oz Peanut Butter - 1 jar (18-24 oz) or 2 jars (12 oz each) Beans - 2 cans (14-16 oz)
CP	Child - Pre-school Age (>36 Months)	001 002 900 231(b) 300 425(a)	1 1 1 1 1 1	Milk - fl/dry/evap - 1 gal Milk - fl/dry/evap- 1 _ gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
CPL	Child - Pre-school Age (>36 Months), <i>Low Lactose</i>	004 005 901 231(b) 300 425(a)	1 1 1 1 1 1	Lactose Free Milk/Acidophilus - 1 gal Lactose Free Milk/Acidophilus - 1 _ gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
CPH	Child – Preschool, <i>Homeless</i>	010 100 265(b) 300 402 428	9 2 6 1 1 2	Milk - fl/evap - _ gal Cheese - 1 lb block Juice - bottled, as selected Cereal - 36 oz Peanut Butter - 1 jar (18-24 oz) or 2 jars (12 oz each) Beans - 2 cans (14-16 oz)
CFCS	Child, Needing Formula - Contract	228(b) 300 603(a) 604(a)	1 1 1 1	Juice - as selected Cereal - 36 oz Formula - 4 cans powdered Similac Advance Formula - 5 cans powdered Similac Advance

FOOTNOTES:

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- Indicates an example therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

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CFO	Child, Needing *FMC	231(b) 300	1 1	Juice - as selected Cereal - 36 oz Prescribed formula provided by other (i.e., Alimentum Advance) Rx Required. See list #4
CFS	Child, Needing *FMC	231(b) 300 Shipped to Local Agency	1 1	Juice - as selected Cereal - 36 oz. Prescribed formula provided by WIC . Rx Required. See list #3
CFT	Child, Needing *FMC	231(b) 300 863(c)	1 1 1-8 (1 extra check)	Juice - as selected Cereal - 36 oz. Prescribed formula - as provided on WIC Food Instruments (i.e., Alimentum Advance) Rx Required. See List #5

FOOTNOTES:

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- Indicates an **example** therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

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